

CERTIFICATE OF INSURANCE

PRODUCER: NAME & ADDRESS OF COMPANY PROVIDING INSURANCE COVERAGE WITH NAME OF CONTACT		CERTIFICATE NUMBER: THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED HERIN.			
INSURED: NAME OF INSURED		COMPANIES AFFORDING COVERAGE			
		COMPANY LETTER A			
		COMPANY LETTER B			
		COMPANY LETTER C			
COVERAGE THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED HERIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES LISTED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		COMPANY LETTER D			
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM,DD,YY)	POLICY EXPIRATION DATE (MM,DD,YY)	LIMITS
A	GENERAL LIABILITY	ABC9801011-02	1/1/2012	12/31/2012	EACH OCCURRENCE \$
X	COMMERCIAL GENERAL LIABILITY	SAMPLE CERTIFICATE			
	CLAIMS MADE				
X	OCCUR.				
	OWNER'S CONTRACTOR'S PROT.				GENERAL AGGREGATE \$
	AUTOMOBILE LIABILITY				
X	ANY AUTO				\$
	ALL OWNED AUTOS				
	SCHEDULED AUTOS				
X	HIRED AUTOS				\$
X	NON-OWNED AUTOS				\$
	GARAGE LIABILITY				
	ANY AUTO				
A	EXCESS LIABILITY	CU 1863270-02	1/1/2012	12/31/2012	\$
X	UMBRELLA FORM				
	OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	IN COVERAGE AMOUNTS REQUIRED BY LAW			EACH INCIDENT \$
					DISEASE POLICY LIMIT
					DISEASE EACH EMPLOYEE
	OTHER				
DESCRIPTION OF OPERATIONS/LOCATIONS/SPECIAL ITEMS: CRESCENT FOUNTAIN PLACE, L.P. and Cassidy Turley Real Estate Services, Inc. are named as Additional Insured.(Verbatim) Endorsements must be listed and blanketed additional insured endorsement is acceptable.					
CERTIFICATE HOLDER CRESCENT FOUNTAIN PLACE, L.P. c/o CASSIDY TURLEY Commercial Real Estate Services, Inc. 1445 Ross Avenue, Suite 5100 Dallas, TX 75202 214.855.7766			CANCELLATION SHOULD ANY OF THE POLICIES LISTED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE. NAME OF PRODUCER BY: Agent/Producer Signature		

VALID AS OF: DATE

,Policy Number: CGL0013611

Insurance Company

Effective Date: 8/1/11 - 8/1/12

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED- DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies Insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SECTION IJ. – WHO IS AN INSURED Is amended to include as an additional Insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

SCHEDULE

Name of Additional Insured Person(&) or Organization(s):

Any person or organization that you are obligated, pursuant to a contract or agreement between you and such person or organization, to provide such insurance as is afforded by this policy.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.